Apéndice A
RECAPITULACIÓN DEL PROCESO DE PLANEACIÓN Y PARTICIPACIÓN

Para el desarrollo del Plan Estratégico de la Proposición 10 se siguió un proceso de planeación de seis pasos:

Paso Uno:	Identificar las Necesidades, los Bienes y las Brechas
Paso Dos:	Desarrollar Metas, Objetivos e Indicadores
Paso Tres:	Desarrollar Estrategias, Programas, Servicios y Proyectos
Paso Cuatro:	Establecer las Prioridades de Financiamiento
Paso Cinco:	Desarrollar un Proceso de Asignación
Paso Seis:	Desarrollar un Plan de Evaluación

Un diagrama que aparece en la Página A-7 proporciona una representación visual del proceso de planeación y participación, e identifica los productos de cada paso y las actividades usadas para desarrollarlos. En todas las reuniones a las que fueron invitados los miembros de la comunidad hubo traducción en cinco idiomas y atención infantil.

Paso Uno: Identificar las Necesidades, los Bienes y las Brechas

Las reuniones de los Equipos Comunitarios Locales (*Local Community Team*) [LCT, por sus siglas en inglés] tuvieron lugar en cada distrito de supervisión en marzo y abril de 1999. Estas reuniones atrajeron a padres y madres, proveedores de atención infantil y otros proveedores de servicios. Estas reuniones fueron suplementadas por dos juntas de las Fuerzas de Tarea de Evaluación de Necesidades, compuestas de "Expertos/Asociados" en los diferentes campos, en marzo y abril de 1999. Los participantes formaron grupos pequeños para discutir los recursos y las brechas existentes en la atención infantil/educación temprana, educación parental, salud, y seguridad y protección física de los niños.

Los resultados de estas reuniones y de una extensa investigación fueron compilados en un borrador del Perfil de Necesidades en Mayo de 1999 (vea el Apéndice B). El perfil resumía las necesidades de los niños pequeños y sus familias en nueve áreas:

- Recursos Financieros y Educación
- Vivienda
- Alimentos y Nutrición
- Transporte
- Ambiente Hogareño Seguro y Consistente
- Una Comunidad Segura, Conectada y Saludable
- Atención Infantil y Educación Temprana

- Salud
- Información para los Padres y las Familias

Al mismo tiempo, el personal y los consultores empezaron a compilar un inventario parcial de recursos y a identificar las principales brechas que se patentizaron al hacer una comparación de las necesidades y los recursos y de entrevistas con los participantes principales en los proyectos.

La reunión de la Cooperativa a nivel de todo el condado al final de este paso en junio de 1999 atrajo a 300 personas, quienes revisaron las necesidades, los recursos y las brechas que se habían identificado. Los miembros del Equipo de Prioridades ayudaron a celebrar este evento y sirvieron como facilitadores para un ejercicio de discutir al caminar ("walkaround excercises") y discusiones en grupos pequeños.

El Grupo de Prioridades examinó el Perfil de Necesidades y les proporcionó al personal y los consultores una gran variedad de recursos de investigación. Los comentarios de los participantes fueron incorporados en un Perfil de Necesidades de los Niños y las Familias en su versión final (vea el Apéndice B).

Paso Dos: Desarrollar Metas, Objetivos e Indicadores

Las reuniones de los Equipos Comunitarios Locales (LCT, por sus siglas en inglés) fueron celebradas en seis lugares (con base en las regiones de salud pública) en julio y agosto de 1999 y atrajeron a más de 150 miembros de familias y proveedores locales para discutir las metas, los objetivos y los indicadores potenciales.

Se desarrollaron borradores de las metas y objetivos por medio de discusiones con el Equipo de Prioridades, entrevistas, investigación, reuniones de los LCT y reuniones con expertos en la materia de todo el condado. Estos borradores o proyectos fueron examinados en agosto de 1999 en cinco juntas de Expertos/Asociados en los campos de educación parental, salud, atención infantil, educación y seguridad vecinal. Se les pidió a los Expertos/Asociados que examinaran los borradores o proyectos de las metas y los objetivos para determinar si éstos estaban de acuerdo con los resultados que deseaban y eran compatibles con las definiciones que se presentan a continuación.

Definiciones

Meta

Definición Una declaración a largo plazo (por ejemplo, de cinco a 10 años) del cambio deseado, basado en la declaración de la visión.

Ejemplo Aumentar el acceso a servicios de salud oportunos y de alta calidad.

Objetivo a Largo Plazo

Definición Una descripción precisa del cambio medible en las condiciones de las familias y los niños que debían lograrse dentro de cuatro a cinco años.

Ejemplo Aumentar el porcentaje de partos saludables.

Objetivo a Corto Plazo

Definición Una descripción precisa del cambio programático medible que debía lograrse en uno a tres años.

Ejemplo Aumentar el porcentaje de madres que reciban atención prenatal en el primer trimestre.

Indicador

Definición Las medidas específicas del progreso o desempeño que se usan para determinar si los programas, servicios o proyectos están alcanzando las metas y los objetivos.

Ejemplo El porcentaje de niños de dos años de edad que están al corriente con sus inmunizaciones.

Criterios para la afinación de los objetivos

Luego, se les pidió a los Expertos/Asociados si los objetivos satisfacían una serie adicional de criterios:

- El logro de los objetivos contribuirá al logro de la meta.
- Los objetivos están orientados a resultados; son fines, no medios, para familias y niños.
- Los objetivos tienen poder de comunicación—comunican la intención detrás de las metas.
- Los objetivos tienen poder de delegación de facultades : Si se alcanza el objetivo, varios otros objetivos seguirán en la misma dirección. Por lo tanto, el objetivo más fuerte es aquél que predice la dirección en que avanzarán los otros.
- Los objetivos tienen poder de datos (o potencial de poder de datos)—son medibles y existen datos con los que pueden medirse.
- Los objetivos no son una medición de programas específicos.
- Los objetivos son planteamientos positivos, no negativos.

Luego, el Equipo de Prioridades del/la ECDC tomó los objetivos y les asignó prioridades, utilizando las siguientes pautas.

Criterios para priorizar objetivos

Se les pidió a los miembros del Equipo de Prioridades que calificaran cada objetivo a largo plazo utilizando el ejercicio y los criterios que aparecen abajo. Los objetivos con un total de 15 o más puntos fueron considerados "de máximo impacto" y los otros fueron considerados "de alto impacto".

A. ¿Los datos sobre las necesidades de los niños y las familias demuestran que necesitamos progresar en este objetivo a nivel del condado o para poblaciones especiales? *Si la respuesta es sí, favor de calificar los objetivos en una escala de 1-5:*

   1 = Los datos muestran una necesidad moderada y la situación ha estado mejorando durante los últimos cinco años.

   2 = Los datos muestran una necesidad moderada y la situación permanecerá igual si no se hace nada en los próximos cinco años.

   3 = Los datos muestran una necesidad moderada y la situación empeorará si no se hace nada en los próximos cinco años.

   4 = Los datos muestran una necesidad importante y la situación permanecerá igual si no se hace nada en los próximos cinco años.

   5 = Los datos muestran una necesidad importante y la situación empeorará si no se hace nada en los próximos cinco años.

B. ¿La investigación demuestra que alcanzar este objetivo en una fase temprana de la vida de un niño conduce a mejores resultados a largo plazo en las áreas de salud, aprovechamiento educativo o bienestar económico? *Si la respuesta es sí, calificarla con 5 puntos.*

C. Si se alcanza el objetivo, ¿también se alcanzarán varios otros objetivos relacionados para los niños y las familias? *Si la respuesta es sí, calificarla con 4 puntos.*

D. ¿Alcanzar el objetivo afectará los tres aspectos del desarrollo infantil: físico, cognoscitivo y social-emocional? *Si la respuesta es sí, favor de calificar el objetivo en una escala de 1-4:*

   1 = afecta moderadamente los tres aspectos

   2 = afecta un aspecto significativamente, los otros dos moderadamente

   3 = afecta dos aspectos significativamente, el otro moderadamente

   4 = afecta significativamente los tres aspectos

E. La investigación demuestra que alcanzar este objetivo conducirá a ahorros significativos de costos para el gobierno al largo plazo? *Si la respuesta es sí, calificarla con 3 puntos.*

En septiembre de 1999 se celebró una segunda reunión de la Cooperativa a nivel de todo el condado para darles a los padres y proveedores la oportunidad de discutir las metas, los objetivos y los indicadores contenidos en el Plan Estratégico. Además, en dos talleres de medio día cada uno para las comunidades que hablan los idiomas vietnamita y español hubo discusiones acerca de las metas y los objetivos (vea la descripción en el Paso Tres, más adelante).

En diciembre de 1999 se celebraron grupos de enfoque con grupos étnicos específicos, que representaban a las comunidades rusa, laosiana, etíope, camboyana, norteamericana nativa, china y filipina. Además, se celebraron grupos de enfoque con representantes de la comunidad religiosa afroamericana así como con las familias sin hogar. Se les pidió a estos grupos que examinaran las metas y los objetivos y priorizaran cuáles eran los más importantes en sus comunidades. (Previa solicitud, puede obtenerse información resumida).

Paso Tres: Desarrollar Estrategias, Programas, Servicios y Proyectos

En octubre de 1999 se celebraron seis reuniones de los LCT en las comunidades locales para solicitar comentarios y generar discusión acerca de las estrategias propuestas, por parte de las personas que se beneficiarán con ellas: las familias. Pero como el Condado de Santa Clara tal vez sea uno de los más diversos en el estado, la Cooperativa tuvo que adoptar medidas adicionales para asegurar que todas las comunidades tuvieran oportunidad de participar activamente en el proceso de planeación.

Se celebraron dos reuniones de medio día a nivel de todo el condado con la comunidad de habla hispana y de habla vietnamita. El Día del Latino, celebrado en noviembre de 1999 y el Día del Vietnamita, en diciembre de 1999, atrajeron cada uno a 300 participantes y se llevaron a cabo en sus idiomas nativos. En ambos eventos se les pidió a los participantes que proporcionaran retroalimentación sobre las necesidades, las metas y los objetivos, y las estrategias potenciales. (Previa solicitud, pueden obtenerse reportes resumidos).

Los resultados de todos estos esfuerzos de ayuda a quienes puedan necesitarla fueron afinados en una serie de borradores de estrategias en tres reuniones de Expertos/Asociados en diciembre de 1999—esta vez cubrieron tres áreas geográficas. Se les pidió a los Expertos/Asociados que proporcionaran asistencia para identificar estrategias probadas o prometedoras que pudieran ser consideradas al redactar las estrategias del plan.

Los borradores o proyectos de estrategias fueron discutidos en la tercera reunión de la Cooperativa a nivel de todo el condado en enero del 2000. Además, se les pidió a los participantes que consideraran y registraran a *quiénes les gustaría que se beneficiaran con la*

implementación de la Proposición 10. Esta pregunta es contestada por muchas de las citas mencionadas en este documento.

Paso Cuatro: Establecer Prioridades de Financiamiento

El Paso Cuatro consistió en la tarea más difícil de todas. Tomar la lista definitiva de estrategias, desarrollar criterios para determinar cuáles estrategias serían priorizadas para financiamiento en los tres primeros años y recomendar una proporción porcentual de fondos para estas estrategias "prioritarias".

Una gran reunión de Expertos/Asociados en febrero del 2000 con representantes de las varias áreas a tratar fue celebrada para examinar las estrategias otra vez a la luz del conocimiento de las "mejores prácticas".

Priorización de las estrategias de financiamiento de la Proposición 10

Las estrategias fueron afinadas en una lista de 21 en marzo del 2000 y el Equipo de Prioridades las priorizó utilizando los siguientes criterios. Los miembros del Equipo de Prioridades asignaron una calificación de 0 a 10 dependiendo del grado en que consideraban que una estrategia determinada satisfacía un criterio en particular. De las 21 estrategias originales, las que obtuvieron calificaciones más altas fueron designadas como "de alta prioridad". Se hicieron las siguientes preguntas acerca de cada estrategia.

¿En qué grado:

- Satisface uno o más objetivos de "prioridad máxima"?
- Integra los servicios y proporciona un sistema de prestación más completo, eficiente y amigable para las familias?
- Aumenta las colaboraciones y asociaciones?
- Tiene alto potencial para el apalancamiento de los fondos y otros recursos así como para desarrollar sostenibilidad?
- Aprovecha el éxito demostrado de los servicios y programas existentes?
- Asistencia a las familias y los vecindarios para que se ayuden a sí mismos y unos a otros?
- Se concentra principalmente en la prevención y la intervención temprana?
- Proporciona resultados dirigidos específicamente y medibles para satisfacer las necesidades de los que viven en condiciones desventajosas
- Tiene el potencial de proporcionar una base para la implementación de otras estrategias?

Después de la priorización inicial de las estrategias, se aplicaron los siguientes criterios "de afinación" a toda la mezcla de las estrategias priorizadas.

¿La mezcla de estrategias:

- Refleja la inversión en las cuatro áreas señaladas como metas?
- Aborda todos los objetivos "de prioridad máxima"?
- Demuestra justicia e igualdad en todo el condado (cultural, lingüística, geográfica)?
- Integra los servicios y proporciona un sistema de prestación más completo, eficaz y amigable para las familias?
- Logra que participe una mezcla de proveedores públicos, no lucrativos, comunitarios y vecinales?
- Representa una mezcla de estrategias que 1) están basadas en los resultados comproba-

dos logrados con un esfuerzo semejante y/o 2) tienen un enfoque creativo e innovador?

- Incluyen una mayoría de estrategias concentradas en satisfacer los objetivos a largo plazo (para cambiar el nivel relativo de las vidas de los niños y las familias), con una minoría de estrategias que satisfagan los objetivos a corto plazo (los cambios programáticos que conducirán al logro de los objetivos a largo plazo)?

En febrero del 2000, el Paso Cuatro empleó dos métodos diferentes para lograr que participaran miembros de la comunidad y expertos en discusiones relacionadas con las prioridades de financiamiento:

- Tres reuniones "de diálogo" de dos partes con invitados que constituían una sección representativa de la comunidad; y
- Seis reuniones "de liderazgo" con líderes que representaban la educación, la comunidad religiosa, el sector no lucrativo/de fundaciones, el gobierno municipal y el gobierno del condado.

A continuación se presentan las preguntas utilizadas para discusión en las reuniones de diálogo. Las reuniones de liderazgo también emplearon estas preguntas.

SERIE DE PREGUNTAS #1: VALORES Y OPCIONES

- ¿Favorece usted el uso de los fondos de la Proposición 10 para numerosas estrategias individuales o unas cuantas iniciativas mayores que combinen varias estrategias?
- ¿Cuál considera usted que debería ser el equilibrio apropiado de inversión entre las cuatro áreas señaladas como metas?
- ¿Deberíamos tratar de obtener algunos "triunfos" o resultados pequeños y rápidos, o invertir en estrategias para obtener cambios en el nivel relativo de los niños y las familias que podrían requerir más tiempo para llevarse a cabo?
- ¿Cuál sería el equilibrio apropiado de inversión entre desarrollar los bienes y servir las necesidades identificadas o cerrar las brechas, o pueden lograrse las dos cosas simultáneamente?
- ¿Todas las familias con niños pequeños necesitan el mismo apoyo o las diferentes clases de familias deberían obtener diferentes clases de apoyo? ¿El apoyo debería ser universal o dirigido específicamente?

SERIE DE PREGUNTAS #2: PAPELES Y RESPONSABILIDADES

- ¿De quién es la responsabilidad de apoyar a los niños y las familias en el Condado de Santa Clara?
- ¿Cuál considera usted que sea el nivel apropiado de inversión en los programas y servicios patrocinados por los vecindarios o la comunidad contra los patrocinados por profesionales, dependencias y proveedores?
- ¿Qué viene después?: Después de la fase de planeación, ¿cómo podemos mantener este impulso inicial y nuestro compromiso para la atención de los niños? ¿Cómo podemos utilizar la Proposición 10 como un medio para crear el cambio a largo plazo?

En marzo del 2000, concluimos la obra Investigación de los *Recursos Seleccionados para las Estrategias de Asignación de Prioridades* (***Selected Resources Research for Priority Strategies***) así como la documentación de mejores prácticas asociada con las estrategias prioritarias.

Una reunión final de la Cooperativa a nivel de todo el condado el 11 de marzo del 2000 les dio a las familias y a otros participantes la oportunidad de examinar las estrategias prioritarias y

discutir las proporciones potenciales de financiamiento.

Asignación de los niveles de financiamiento

Luego, en marzo de 1999, el Equipo de Prioridades consideró la lista de estrategias prioritarias y realizó un ejercicio para distribuir los porcentajes de financiamiento entre esas estrategias. Entre los factores considerados en el ejercicio estuvieron:

- La Calificación Global del Equipo de Prioridades en el Proceso de Priorización de Estrategias (vea la Página A-4)
- Promedios de las Juntas de la Cooperativa de Marzo: La manera en que los participantes en la reunión final de la Cooperativa distribuyeron el financiamiento en un ejercicio en grupos pequeños. Las cifras proporcionadas fueron el intervalo, la media y la mediana.
- La Calificación de Apalancamiento del Equipo de Prioridades en el Proceso de Priorización de Estrategias (vea la Página A-4)
- Nivel de Costo: Un nivel relativo estimado representado por uno, dos o tres signos de dólares
- Investigación de los Recursos Seleccionados para las Estrategias de Asignación de Prioridades

Después, celebramos cinco audiencias públicas (una en cada caso en las regiones Norte, Central y Sur del Condado, y una en cada caso en español y vietnamita) para recibir comentarios del público sobre el borrador o proyecto del Plan Estratégico. Luego, la Comisión realizó un ejercicio semejante al descrito arriba para afinar las prioridades de financiamiento y hacer la edición final del Plan Estratégico.

Pasos 5 y 6: Desarrollar un Proceso de Asignación y un Plan de Evaluación

El proceso de planeación estratégica concluyó con el desarrollo de un Proceso de Asignación y un Plan de Evaluación.

PLAN ESTRATÉGICO DE LA COOPERATIVA DE DESARROLLO INFANTIL TEMPRANO DEL CONDADO DE SANTA CLARA

Resumen de los Productos y el Proceso

P R O D U C T O S

Identificar las Necesidades, los Bienes y las Brechas

Las Creencias Básicas

Los Principios Generales de Planeación

Nueve Necesidades

Recursos

Brechas

▶ **Perfil de Necesidades**

Desarrollar Metas, Objetivos e Indicadores

4 Metas

Objetivos de Largo Plazo

Objetivos a Corto Plazo

Indicadores a Nivel de Toda la Comunidad

▶ **Redactar Borradores o Anteproyectos de Metas, Objetivos e Indicadores**

Desarrollar Estrategias, Programas, Servicios y Proyectos

▶ **Redactar Borradores o Anteproyectos de Estrategias**

Establecer el Sistema de Implementación

Prioridades de Financiamiento

Investigación de Recursos

Investigación de las Mejores Prácticas

▶ **Recomendaciones para la Implementación**

¡Elaborar el Borrador o Anteproyecto y el Plan Definitivo!

El Público Participante

Asociaciones

▶ **Borrador o Anteproyecto y Plan Estratégico Definitivo**

P R O C E S O

Recolección y Análisis de Datos

4 Fuerzas de Tarea
- Atención Infantil/Educación Temprana
- Educación Parental
- Salud
- Seguridad y Protección Física para los Niños

5 Equipos Comunitarios
- Distrito 1
- Distrito 2
- Distrito 3
- Distrito 4
- Distrito 5

Cuestionarios
- Inglés
- Español
- Vietnamés

Junta de la Cooperativa del 22 de Junio
- Caminata con Discusión

6 Equipos Comunitarios Locales

5 Juntas de Expertos y Asociados
- Salud
- Educación
- Seguridad en los Vecindarios
- Educación/Apoyo para los Padres/Madres
- Atención Infantil

9 Grupos de Enfoque*
- Comunidad religiosa afroamericana
- Familias sin casa
- Comunidad rusa
- Comunidad laosiana
- Comunidad etíope
- Comunidad camboyana
- Comunidad de norteamericanos nativos
- Comunidad china
- Comunidad filipina

Junta de la Cooperativa del 10 de Septiembre
- Caminata con Discusión

3 Reuniones de Expertos y Asociados
- Norte del Condado
- Parte Central del Condado
- Sur del Condado

13 de Noviembre
Día de la Comunidad Latina*
- Caminata con Discusión
- Discusión en grupos pequeños

4 de Diciembre
Día de la Comunidad Vietnamesa*
- Caminata con Discusión
- Discusión en grupos pequeños

Junta de la Cooperativa del 29 de Enero
- Ejercicio en Tríos

1 Reunión de Expertos y Asociados

6 Reuniones de Diálogo Comunitario*

6 Reuniones de Liderazgo*

Junta de la Cooperativa del 11 de Marzo
- Ejercicio en grupos de 5 personas
- Caminata con Discusión

5 Audiencias Públicas
- Inglés
- Español
- Vietnamés

* Financiado en parte por el Civic Engagement Project

LOS NIÑOS Y LAS FAMILIAS SON FUERTES Y SALUDABLES

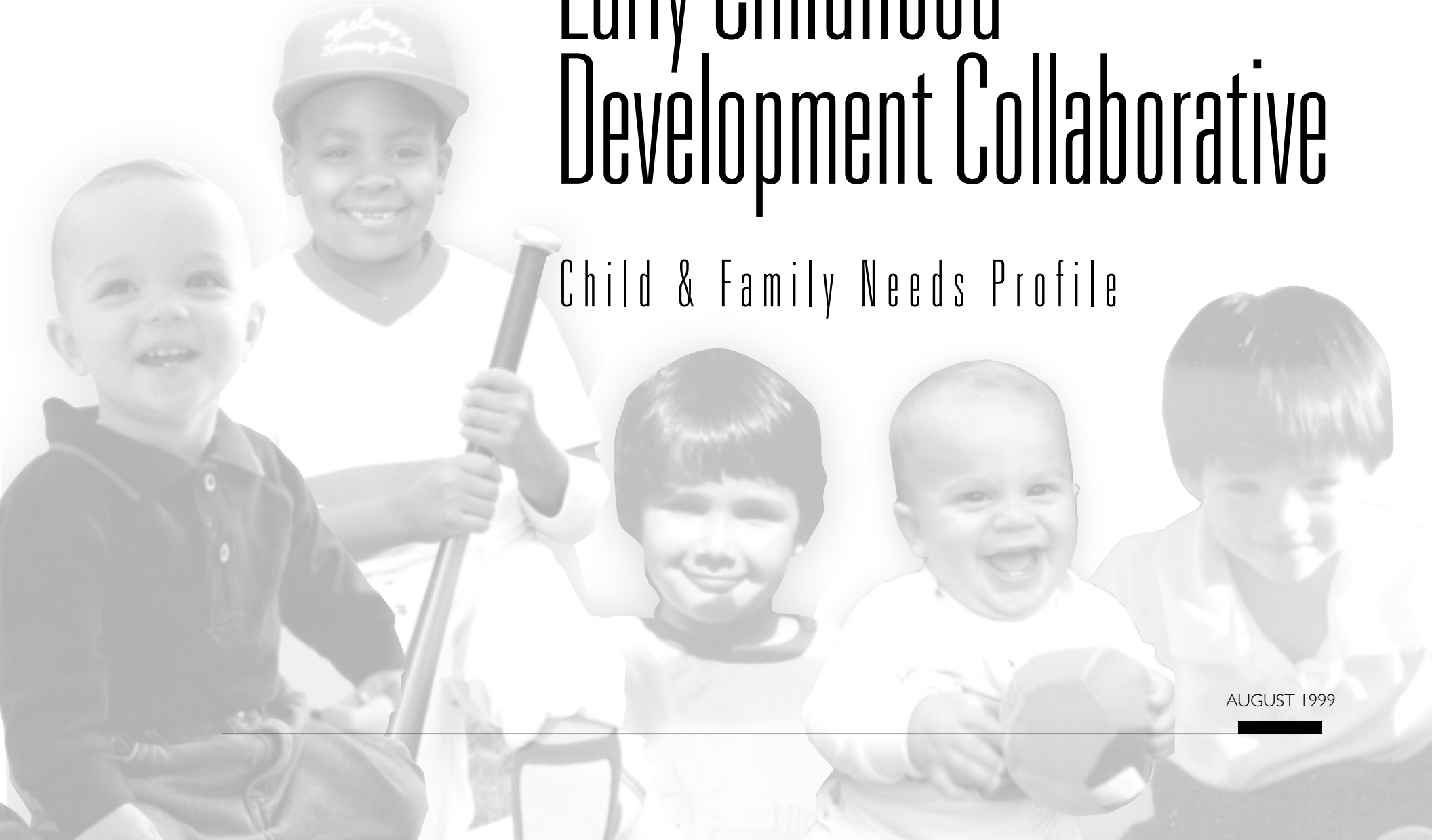
Elaborado por MIG, Inc.
3 de Abril del 2000

Appendix B
CHILDREN AND FAMILY NEEDS PROFILE

SANTA CLARA COUNTY

Early Childhood Development Collaborative

Child & Family Needs Profile



AUGUST 1999

Acknowledgments

Santa Clara County is blessed with a population that cares deeply for its children. So many dedicated individuals have given tremendous time and energy to the ECDC planning efforts thus far. We want to recognize and thank them for their hard work and their passion. Special thanks to the many parents in our community, who took the time to share their beliefs and wisdom about raising healthy children.

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Iran Cortez	Parent
Bill Corwin	Child Advocates
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Prince G. Daniels	Healthcare
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Julie Duncan	Via Rehabilitation Services Inc.
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Kristen Dyson	AIM
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Susie Erekson	North County Public Health
Jean Ernst	Public Health Nurse
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Barbara Estrada	Parent
Silvia Estrada	Parent
Davi Evans	Santa Clara County Library
Celeste Falcon	Parent
Fred Ferrer	Gardner Children's Center
Luisa Finares	CUSD
John Folck	YWCA in Santa Clara Valley
Dominique Fuld-Austin	Parent

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Linda Goin	Alum Rock School District
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Teresa Guenther	Las Madres
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Ken Heiman	Community Coordinated Child Development Council
Cathy Helgerson	WINN
Maria Herrera	Day Care Provider
Lesley Hodges	Santa Clara County Fire Department
Gail Hogan	Marinson Child Development Center
Pat Hogle	Children's Village
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SANTA CLARA COUNTY

Early Childhood Development Collaborative

Child & Family Needs Profile

AUGUST 1999

Contents

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I. Introduction

Introduction

THE IMPORTANCE OF HEALTHY EARLY CHILDHOOD DEVELOPMENT

Across the country, much attention has been paid recently to the influence of early childhood experiences on a child's emotional and physical health, educational success, and future economic well-being. A number of research studies have validated that how individuals function throughout their lives hinges, in large part, on the experiences they have before entering first grade. Recent research showing the significant and lasting impact of environment on a child's brain development in the first three years of life has been particularly persuasive in highlighting the importance of a healthy start.

SANTA CLARA COUNTY EARLY CHILDHOOD DEVELOPMENT COLLABORATIVE

Given these compelling facts, Santa Clara County Supervisor Blanca Alvarado recognized the need to focus increased government and community attention on ensuring that all children have the opportunity to thrive. To achieve this goal, Supervisor Alvarado proposed that the community join together to develop a countywide strategic plan to promote the healthy development of children prenatal through age five. Through her leadership, and with the support of Social Services Agency staffing, the Early Childhood Development Collaborative was launched in early 1998. The **vision** of the Collaborative is:

In the future in Santa Clara County . . .

All our children thrive—physically, emotionally, intellectually and spiritually—regardless of social and economic status, culture, life experience or special needs.

To support them, families across the county's rich mix of ethnicities, cultures, generations and lifestyles have quality housing, education, food, health care, child care and transportation.

Providing a circle of support for families, the entire community shares responsibility for the care and nurturing of our children.

PROPOSITION 10

While the work of the Early Childhood Development Collaborative was progressing, new early childhood development legislation emerged. Proposition 10 (the California Children & Families First Initiative) was passed in November 1998. The statute raises the state tax on tobacco by $.50 a pack to help pay for programs to promote the healthy development of young children. A new state commission and local commissions in each county were created to administer the program. Eighty percent of the revenues generated by

the new tax flow to county commissions to support local programs. Santa Clara County's Children and Families First Commission will receive an estimated $27.5 million in the first year.

A STRATEGIC PLAN FOR SANTA CLARA COUNTY

To receive Proposition 10 funds, each county must adopt a strategic plan. Because the Early Childhood Development Collaborative had already taken steps to mobilize a diverse group of community participants to create a strategic plan, it has been designated as an Advisory Committee to the Santa Clara County Children and Families First Commission. A five-step strategic planning process has been created:

Step 1: Identify needs, assets and gaps

Step 2: Develop goals, objectives and outcome measures

Step 3: Develop strategies, programs, services, and projects

Step 4: Establish an implementation system

Step 5: Prepare a final strategic plan

A "planning map" that graphically outlines Santa Clara County's strategic planning process is attached as Appendix A.

The planning and implementation process is guided by several **core beliefs:**

- Ongoing community participation is vital to the success of this initiative.
- Families and children live in diverse neighborhoods and communities. Communities within the county, therefore, must be involved in identifying local strengths and challenges, and setting priorities.
- Successful strategies and programs build upon the strengths of families, children and communities.
- While special attention must be paid to those with the least support and fewest resources, all children need nurturing relationships, opportunities, values and positive self-esteem to grow up physically and emotionally healthy.

Given these key beliefs, the Collaborative will draw upon "Asset Development," a framework for building healthy children which was designed by the Search Institute of Minneapolis. Through research, Search identified 40 developmental assets, or building blocks, that can enhance the healthy development of children. Knowledge of the influence these particular assets have in a child's life will guide the Collaborative in developing effective strategies and funding priorities.

The 40 Developmental Assets for Infants and Toddlers and for Preschoolers is attached as Appendix B.

Introduction

THE NEEDS PROFILE

Step 1, the needs profile process, was designed to build on the extensive work that has already been done in the community to identify key issues facing families and children and to reflect the cultural diversity of Santa Clara County.

First, four Assessment Task Forces were created: Physical & Mental Health, Parenting & Community Support, Child Care & Early Education, Child Safety & Security. Experts in each of these areas identified and discussed the primary needs of families and children, and determined the best "indicators" to represent those needs.

Second, a thorough review was conducted of the relevant existing research and data on families and children in Santa Clara County. The data in this report are taken from a number of excellent studies on child care, health care, housing and other key issues that have been conducted in recent years by local government, foundations and other groups working to improve the development of children in the county. (Please see Appendix C for the bibliography.)

Third, family input meetings were held, one in each supervisorial district. Families who attended these meetings were asked to respond to two questions: What issues or concerns do you have or do you see in your community concerning children and families? What have the consequences been for you or your community? Family meetings were held in the evenings. Flyers for those meetings were distributed in the primary languages spoken in each geographic area. Child care and translation were offered at all meetings.

Fourth, family input questionnaires were utilized to ensure that families who were unable to attend meetings could still have a voice in the process. Questionnaires in English, Spanish and Vietnamese were distributed through community organizations, public agencies, hospitals and community colleges. The questionnaires probed the same basic questions used in the family meetings, collecting information on families' experiences with child care, safety, parenting education and other topics.

Finally, a day-long meeting of the Collaborative gave participants an opportunity to review the Draft Needs Profile, make comments and corrections and convey a sense of which indicators are most compelling.

The Final Needs Profile you are holding is the product of these five activities. It will be primarily used to guide the Early Childhood Development Collaborative through the next steps of the strategic plan process—defining overall goals, setting objectives and outcome measures, and identifying the programs, projects and services that will significantly improve the lives of children and their families.

II. Guiding Principles

Guiding Principles

Children and early childhood development must become top community priorities for the county.

All Santa Clara County families must have the "basics" of modern life: adequate financial resources, affordable housing, sufficient food, good transportation and a healthy, safe community.

While Santa Clara County's diverse families face a wide variety of issues, we believe that there are four **overall principles** that must guide our efforts to improve the lives of our children.

Children and early childhood development must become top community priorities for the county.

Every child should be treasured and valued for his or her own sake. Children are also extremely precious community resources. They are our future parents, our future workforce, our future citizens. Research shows that early life experiences significantly affect how individuals function later in life. While both adolescents and adults can benefit from interventions later in life, the costs of reversing adverse effects can be significant. Studies show that intervening early in the lives of children can be more cost-effective.

Children who have a web of support—from their families, schools, neighborhoods, faith communities and organizations—are more likely to grow up healthy, emotionally secure and responsible. As community members and organizational representatives, we must each take responsibility for our part in spinning that web of support. Both the well-being of children and the long-term health of our community rests in our willingness to make childhood development a top community priority.

All Santa Clara County families must have the "basics" of modern life: adequate financial resources, affordable housing, sufficient food, good transportation and a healthy, safe community.

Raising healthy children in Santa Clara County presents challenges for *every* family. Violence, drugs, stress, disease, pollution and other aspects of late 20th-century society can make child-rearing a universally difficult task. However, for families who are also struggling with job, income, housing or food issues (sometimes in devastating combinations), effective parenting can become nearly impossible. Children in families that lack the "basics" are at greater risk for a variety of childhood issues. Addressing these means not only dealing with "children's services," but with the underlying factors placing their families at risk.

Families and children must have access to an integrated system of services—health care, child care, education, foster care, violence prevention, recreation, welfare, parenting support, etc.—that is:

- Customer-oriented
- Outcome-driven
- Easy to understand and to navigate
- Affordable
- High quality

- Culturally competent
- Available in the local community
- Tailored to meet special needs
- Cost-effective

There are a number of services and resources for children and families in Santa Clara County. While many are helpful in meeting certain needs of children, some well-intentioned efforts have been less than effective because they are not designed to work together to treat children and families in a holistic manner. For example, there are different eligibility standards for child care subsidies, housing assistance, food programs, health care and other assistance.

At the same time, some vital services are not used because they are too expensive, too hard to get to or not culturally appropriate. This is not helpful to families, and it is a waste of limited public resources. The multifaceted needs of the county's children demand that we build a system of services that parents can access easily when they need assistance.

Parents and guardians must be knowledgeable about how to raise children, and they must be confident in their abilities.

Research has proven that nurturing has a profound, positive effect on healthy childhood development. Time and energy devoted to children when they are very young produces significant gains in cognitive, social, emotional and physical development that last a lifetime.

Parenting is a learned skill that can be difficult to master. It is also a huge responsibility that parents must fully accept. Parents today, particularly those with young children, need personal teachers, role models and supporters that in the past were more easily found in extended families and established communities. They need to know how to assess their own parenting strengths and weaknesses and that it is okay to ask for help. If we are to raise healthy children, we must start with parents and other primary caregivers.

Families and children must have access to an integrated system of services—health care, child care, education, foster care, violence prevention, recreation, welfare, parenting support, etc.

Parents and guardians must be knowledgeable about how to raise children, and they must be confident in their abilities.

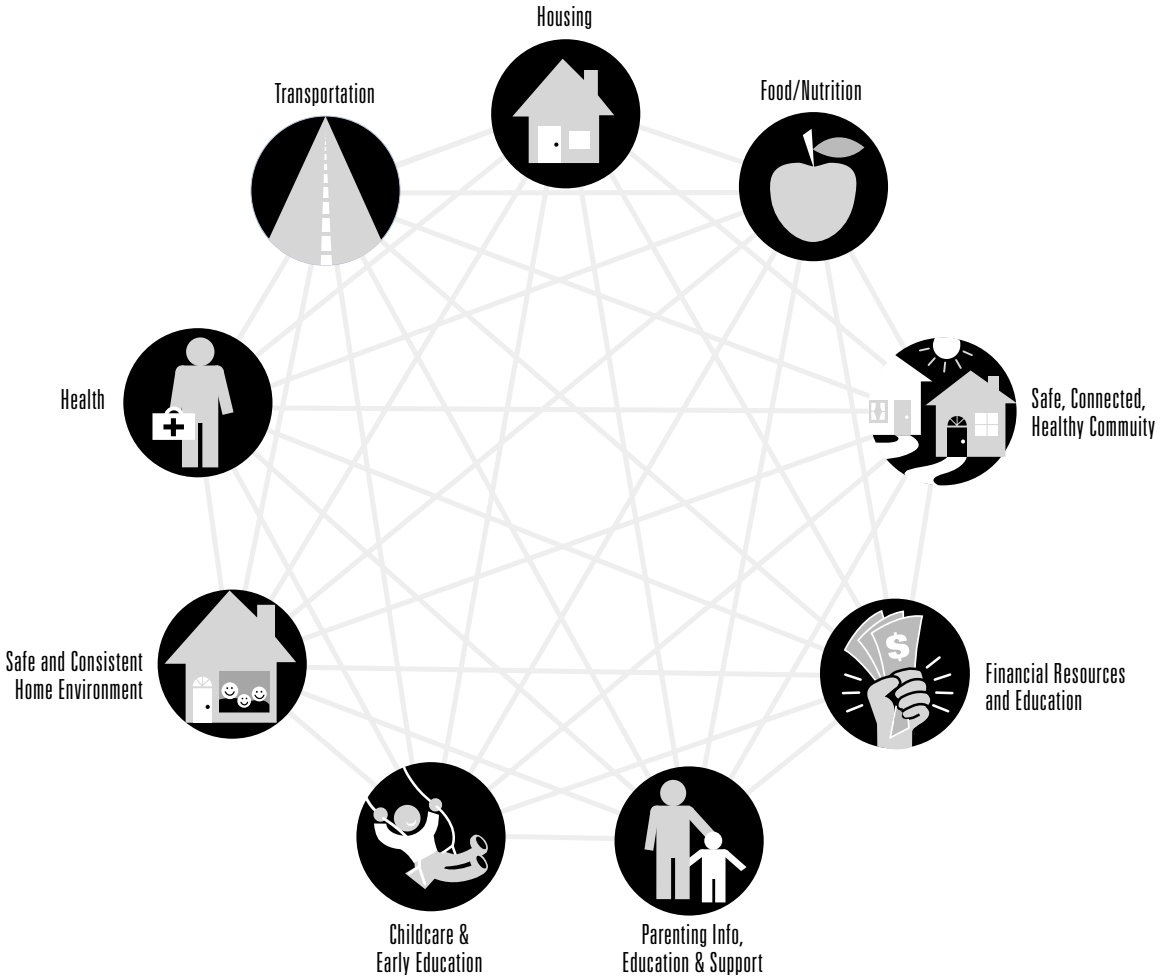
III. How Are We Doing?

How Are We Doing?

Santa Clara County is making progress in its efforts to help children and families. The supply of child care, including subsidized child care, is increasing. More mothers are utilizing prenatal care. Infant mortality and adolescent births are both going down, while immunization and breastfeeding rates are going up. In recent years, joint public/private initiatives have been launched to combat issues such as teenage pregnancy, community violence and child immunization.

However, there is much more to do to make our community truly healthy and supportive for children. More than 30,000 children are living below the poverty line; one-third of that group is under six years of age. A dramatic rise in housing costs has negatively affected all types of families. Child care costs are among the highest in the state, and demand continues to outpace supply. Nearly half of the individuals on food stamps are children under 13, and 20 percent of one- and two-year-olds have iron-deficiency anemia. At least 30,000 children and youth are not covered by health insurance.

Most importantly, the critical needs of families and children in Santa Clara County are interrelated and are fairly immune to treatment in isolation. For example, if we provide more subsidized child care, but don't continue to improve public transportation, many working parents will spend three-plus hours a day just dropping off and picking up children and going to work. Similarly, expanding jobs and incomes without increasing housing supply will mean that many parents' worksites will be too far from their children's schools. And increasing prenatal services while failing to prevent teen births will mean little progress in reducing the numbers of at-risk infants and the huge costs of treating them.


Housing
Transportation
Food/Nutrition
Health
Safe, Connected,
Healthy Commuity
Safe and Consistent
Home Environment
Financial Resources
and Education
Childcare &
Early Education
Parenting Info,
Education & Support

How Are We Doing?

Keeping this interrelated *system* of needs in mind is essential to understanding the information presented in the next section of this report and to using that information to help us design an integrated *system* of improvements that will radically improve the lives of our children.

For this profile, we reviewed data and information on **nine needs** of families and children.

1. Financial Resources and Education
2. Housing
3. Food/Nutrition
4. Transportation
5. Safe and Consistent Home Environment
6. Safe, Healthy and Connected Community
7. Child Care
8. Health
9. Parent and Family Information, Education and Support

For each need, three questions are asked:

What do families and children need?

Why is this important for children aged zero to five?

How are we doing?

In addition, for each need, we present "What Do People Say?" These statements were made by families and providers at the input meetings, at the day-long Collaborative meeting and on the questionnaires that take the data and information and give it life.

NEED #1: FINANCIAL RESOURCES AND EDUCATION

WHAT DO FAMILIES AND CHILDREN NEED?

Depending on marital status and number of children, a worker in Santa Clara County needs to earn at least $11 to $17 per hour to be self-sufficient without any form of public subsidies.[1] That pay scale often requires some amount of education.

WHY IS THIS IMPORTANT FOR CHILDREN ZERO TO FIVE?

Households that cannot achieve self-sufficiency cut back on health care, food, housing, child care and elements essential to healthy child development.

HOW ARE WE DOING?

Despite a strong economy and the highest median household income in California, many children in Santa Clara County still live in poverty. What is particularly troubling is that a significant number of poor children have at least one parent who works. The data show that although incomes have been rising steadily for many workers, others have experienced only limited benefits from our area's economic success. This is due in part to the fact that some of the fastest growing occupations pay very low wages. This trend significantly affects CalWORKS families, who are now subject to time limits and required to participate in work activities, as well as single parents.

Children in poverty

More than 30,000 children were living below the poverty line in 1998.[2] (The federal poverty line is $16,700 annually for a family of four. For larger or smaller families add or subtract roughly $3,000 per person.)[3]

CalWORKS participants

Of the more-than 40,000 individuals participating in CalWORKS, 25 percent are under age six and 70 percent are under age 18. Approximately 42 percent of participants are Latino, 28 percent are Vietnamese, and 13 percent are Caucasians.[4]

Wage of entry-level jobs

Five of the 10 fastest growing occupations in the county pay less than $10 per hour for entry-level positions.[5] The average wage of CalWORKS participants entering the workforce is $10 an hour.[6] Almost 55 percent of jobs in the area fail to pay enough to keep a family of four out of poverty.[7]

Single-headed households

Eighty percent of CalWORKS recipients under age six live in single-headed households.[8] Nationwide, the proportion of children living with two parents declined from 85 percent in 1970 to 69 percent in 1994.

WHAT DO PEOPLE SAY?

Parents who don't have their basic needs met will have trouble benefiting from parenting coaching. Parent education is necessary, but support for all families is also essential.

The early childhood staff in most counties get paid less than $10 per hour. That should tell you how much we care about children.

Families with children with disabilities find it difficult to find flexible employment that allows them to care for their child's needs.

How about instituting a basic living wage?

Many families just above the poverty level do not qualify for subsidies. Will anything be done for them?

How Are We Doing? Need #1: Financial Resources & Education

WHAT DO PEOPLE SAY?

We need programs that help you before you have a big problem, despite your income.

I'm working, but can't make enough to afford both child care and housing.

I have a good job, but can't afford housing.

I'm always told we make too much money to qualify for help, but we need help and we don't have enough money.

When you're always on the edge of losing your housing, it's very stressful even if you don't become homeless.

The Federal Poverty Line should also be increased. More and more families are working and not able to access subsidized programs because they make too much.

Widening income gap

Income inequality is growing in Santa Clara County. The ratio of median household income to average household income (which shows more evenly distributed income as it approaches 100 percent) has actually decreased from 70 percent in 1987 to 60 percent in 1997.[9]

High school drop-out rates

High school drop-out rates rose steadily from roughly 2.4 percent in 1991-92 to nearly 3.8 percent in 1995-96. Fueled in part by rising birth rates among teens, the drop-out rate for Latino high school students increased from 5.5 percent in 1995 to 6.8 percent in 1996.

Maternal education

Nearly 20 percent of all births in 1997 were to mothers who did not complete high school, versus 21.3 percent in 1994.[10] Current (1999) results from a longitudinal study of Bay Area single mothers participating in CalWORKS indicate that nearly 50 percent did not complete high school.[11] The results of a 1999 study of immigrant women on CalWORKS show that only 31.1 percent of Vietnamese immigrants and only 9.3 percent of Mexican immigrants have educations comparable to completion of high school.[12]

NEED #2: HOUSING

WHAT DO FAMILIES AND CHILDREN NEED?

All families need affordable housing that is physically safe, functional, not overcrowded and located relatively close to work, child care and other "core" activities.

WHY IS THIS IMPORTANT FOR CHILDREN ZERO TO FIVE?

Infants and preschoolers need safe, consistent and stimulating environments in which to grow. Working parents need to be employed near their children's child care to effectively deal with emergencies, doctor visits, etc. The lack of affordable housing in Santa Clara County leads families to substitute "commute time" for "family time."

HOW ARE WE DOING?

In many cases, a significant percentage of the income families manage to bring home is spent on housing. Housing prices and rents have increased dramatically since 1990 because demand for housing has simply outgrown supply. Santa Clara County families have been impacted by these cost increases in various ways. Some choose to move to more affordable communities and commute to their Silicon Valley jobs each day. These families experience the increased stress of traffic and lose more hours in the day that they could be spending with their young children. Others are forced to share housing with multiple families, choose substandard living conditions or live in neighborhoods where they do not feel safe.

WHAT DO PEOPLE SAY?

Housing for teen parents and their families is especially difficult to access. This is one of the issues, in addition to health care, that prevents many of these teens from becoming self-sufficient.

People are commuting hours because of unaffordable housing...children are the losers!

As a person working in the child care field in Santa Clara County, buying a home is impossible.

I am paying $700.00 a month for a studio apartment in a crummy neighborhood, and this is a deal around here.

All of us need access to affordable housing. This includes those doing the work, as well as those we are helping. It's awful!

How Are We Doing? Need #2: Housing

WHAT DO PEOPLE SAY?

Housing costs make me live in unsafe neighborhoods. They're crowding enough people into apartments so they together can pay rent, but it makes for health hazards.

Immigrants and illegal immigrants won't report housing code violations.

Rents are going up so much that we can't afford a decent place. We'll have to move to somewhere sub-standard.

We need more affordable housing for single parents and their children.

Many houses which would sell for under $100K anywhere else in the country are impossible to buy for under $500K here. Something is very wrong with this picture!

Housing costs

Rental prices skyrocketed, increasing 30 percent between 1996 and 1998.[13] The median rent in Santa Clara County is $900 per month compared to $620 per month statewide.[14]

Between April 1997 and April 1998, housing prices jumped more than 18 percent.[15] Seventy-eight percent of Santa Clara County residents rate the availability of affordable housing as "fair/poor" (compared to 54 percent statewide).[16] Currently, only 25 percent of households in Santa Clara County are able to afford a median-priced home ($325,000) in the county, compared to 37 percent statewide and 53 percent nationally.[17]

Access to subsidized housing

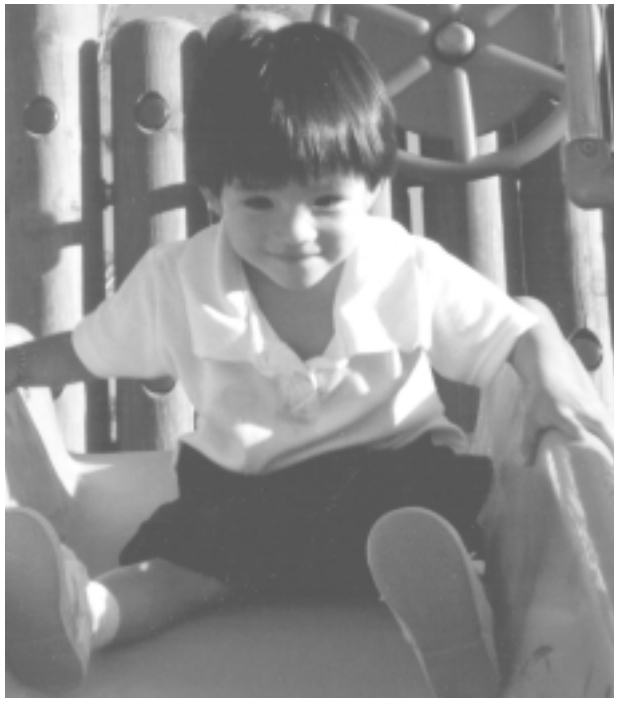
Twenty-seven thousand people are on the Santa Clara County Housing Authority's subsidized housing waiting list; the wait could be as long as five years.[18]

Household size

The average number of household members for the general population in Santa Clara County is 2.8. The results of a 1999 study show that the average number of household members is 5.4 for Vietnamese immigrant women on CalWORKS and 6.3 for Mexican immigrant women on CalWORKS.

Sharing housing to limit expenses

Twenty-eight percent of low-income individuals (those making less than 185 percent of the federal poverty level) share housing costs with someone other than a spouse or partner to limit expenses, compared to 17 percent of all county residents.[19]



NEED #3: FOOD AND NUTRITION

WHAT DO CHILDREN AND FAMILIES NEED?

Families and children need sufficient quantities of healthy, nutritious, culturally appropriate foods.

WHY IS THIS IMPORTANT FOR CHILDREN ZERO TO FIVE?

Nutritional deficiencies in young, growing children can result in short- and long-term developmental problems. For example, anemia (iron shortage) leads to short attention spans, impaired memory and disruptive behavior in preschoolers. In the same way, protein deficiences can lead to shortages of tryptophan or tyrosine—amino acids essential to production of serotonin and dopamine—that are linked to reactive behavior.[20]

HOW ARE WE DOING?

Nearly all (97 percent) of Santa Clara County residents report that their families have enough food on a regular basis. However, 4.4 percent of low-income individuals and 3.5 percent of Latinos report that they do not have enough food for their families on a regular basis. Thirteen percent of low-income individuals reported getting food from a food bank or free meal center in the last year.

Iron-deficiency anemia and overweight children are both issues in Santa Clara County.

Children on food stamps

Forty-four percent of individuals on food stamps in Santa Clara County are children under 13 years of age.[21]

Children receiving free/reduced price school lunches

Thirty-one percent of Santa Clara County students in K-12 are eligible for free or reduced-cost lunches (those from families with incomes less than 185 percent of the federal poverty level).[22]

Anemia rate among children[23]

Low-income children with iron-deficiency anemia

	1995	1996	1997
1 and 2 years old	22.5%	22.3%	20.0%
3 and 4 years old	19.3%	18.8%	17.5%

Overweight children[24]

Overweight children, 5 years and younger

1995	1996	1997
11%	11%	12%

WHAT DO PEOPLE SAY?

We need more education for parents and providers on nutrition.

Provide food at more child care centers and family care homes.

Child care providers who use the Child Care Food Program are just what parents and children need.

The statistics are frightening—1/5 of a subgroup anemic? In a county which enjoys a relatively comfortable quality of life. Anemia is especially preventable with good nutrition.

Free school lunch is great, but what happens during summer vacation?

There is a positive correlation between poor nutrition and tooth decay.

How Are We Doing? Need #4: Transportation

WHAT DO PEOPLE SAY?

It's not safe on the bus or waiting for buses in some neighborhoods.

Transportation is vital for all activities—child care, school, parent classes, recreation for teenagers.

Let's have more protection for children walking and riding their bikes to school.

Subsidized transportation for the working poor is desperately needed. Corporations pay for transit for employees. What about others?

NEED #4: TRANSPORTATION

WHAT DO CHILDREN AND FAMILIES NEED?

Families and children need affordable, reliable, efficient transportation to get to work, school, child care, health care, recreation and other activities.

WHY IS THIS IMPORTANT FOR CHILDREN ZERO TO FIVE?

Children may not be able to take advantage of services and activities that they need—child care, health care and so on—if their families do not have adequate transportation. Working parents cannot take time to transport children during the day. Transportation also is essential for parents to be involved in community and preschool functions with and for their children.

HOW ARE WE DOING?

When Santa Clara County residents were polled on how to make community services more accessible, 17 percent said provide better transportation. This was second only to "more collaboration" and ahead of "more services."

Santa Clara is a large county with a land-use pattern that has been built around the automobile. This presents two distinct problems for Santa Clara families. For those with automobiles, traffic congestion has made driving increasingly difficult and time-consuming. Coupled with rising housing costs, this means longer commutes for many working families. For low-income families, who often do not have a reliable automobile, transportation means depending on rides from friends and/or public transit to take care of vital tasks. While transit is improving steadily in Santa Clara County (and ridership is increasing), buses and light rail increase travel time significantly for many parents and children going to child care, doctors and food shopping. And at night and on weekends, it may be impossible to reach these important destinations on transit.

One-way Commute Distance[25]

0–5 miles	24%
6–10 miles	25%
11–20 miles	33%
21–40 miles	15%
41 miles or more	4%

Traffic congestion

The total daily vehicle hours of delay in Santa Clara County increased from 8,800 in 1994 to 13,000 in 1995 and to 20,500 in 1996.[26]

How Are We Doing?

Problems with transportation

Fifteen percent of low-income individuals report that the lack of transportation prevented a physician visit in the last year.

Automobile/transit use

No more than 30 percent of CalWORKS participants have access to a reliable automobile. The vast majority use buses and light rail for nearly all trips.[27]

Public transit ratings

Only 58 percent of Santa Clara County residents believe they could rely on public transit to get to work, shopping and appointments. Thirty-six percent of the public rates transit as "fair/poor."

WHAT DO PEOPLE SAY?

You have to take services to the community because poor people don't leave the community very easily.

You can't work an 8-hour day because transportation time to go to child care takes too long.

They should increase the availability of mobile health services, especially dental care.

Affordable housing needs public transit nearby.

Access! Many families face the transportation barrier.

WHAT DO PEOPLE SAY?

We have to consider the importance of nurturing and security to build up children's self-confidence and self-esteem.

Children with disabilities often suffer from increased levels of emotional and physical neglect and abuse. Parents don't always know how to get the best education and support.

Children need to be free from witnessing violence in the home.

People can't afford to be foster parents.

NEED #5: SAFE AND CONSISTENT HOME ENVIRONMENT

WHAT DO FAMILIES AND CHILDREN NEED?

Children need a safe, secure and consistent home environment.

WHY IS THIS IMPORTANT FOR CHILDREN ZERO TO FIVE?

A safe, secure "home base" is the physical center of a young child's life. All children should be protected from physical injury in and around the home. A consistent home environment is critical to a child's physical health and emotional security. Children who feel safe at home and who receive high levels of love and support from their families develop healthy emotional attachments to others.

HOW ARE WE DOING?

Overall, young children in Santa Clara County live in safe and consistent home environments. Childhood injury rates are low compared to other urban areas of the state. However, childhood hopitalizations for unintentional injuries in the county still remain highest among children from birth to age four.

Too many children are removed from their homes as a result of abuse and neglect, only to remain in foster care for extended time periods and to move from home to home. Children of color are disproportionately represented among those in foster care. While data collection on children in the child welfare system has improved in recent years, significant gaps still remain in our knowledge of why these trends are continuing.

More and better data on how many children in our county are affected by homelessness and domestic violence is also needed. Nevertheless, the impact of these experiences on the development of children is well documented. Young children without homes are less likely to receive the care and nurturing they need for healthy physical and brain development. In turn, witnessing ongoing abuse in the home can seriously threaten a child's ability to develop healthy attachments later in life.

Child abuse and neglect

A total of 18,437 child abuse and neglect calls were received in fiscal year 1997-98 versus 23,596 in fiscal year 1994-95.[28] Forty-eight percent of referrals were due to neglect, 38 percent to physical abuse, and 15 percent to sexual abuse.[29] Roughly 10 percent of those cases in which action was taken (a total of 1,684) were referred for additional services: Family Maintenance, Family Reunification, Permanency Planning, Adoption and Guardianship.

Children in the child welfare system

Approximately 4,000 children are under the care and supervision of the Department of Family and Children's Services at any point in time.[30]

Children in foster care

Nearly 3,000 children in the child welfare system are in out-of-home care at any point in time. Twenty-three percent of children in out-of-home care are in non-relative foster care, 41 percent are in relative care, 7 percent are in group homes, and 29 percent are in the Children's Shelter or in Foster Family Agency homes. Roughly 46 percent are Latino, 30 percent are Caucasian and 16 percent are African American.[31]

Length of stay in foster care

Children remain in care an average of 29 months, a figure which has remained relatively steady since 1990.[32]

Number of placements while in out-of-home care

Twenty-six percent of children in out-of-home care have changed placements more than five times. Eighty-two children under age six, or 12 percent, have changed placements more than five times.[34]

Homelessness

In 1999, an estimated 20,000 people experienced an episode of homelessness during the year, up slightly from 1994.

Domestic violence

Law enforcement agencies received 7,818 calls for assistance in 1997; weapons were involved in 83 percent of those cases.[35] In 1996, there were eight deaths as a result of domestic violence, four of which occurred in the presence of children. In a 1999 study of immigrant women in CalWORKS, 40 percent of the Mexican participants and 16 percent of the Vietnamese participants reported having experienced domestic violence. Statewide, 87 percent of children in homes where domestic violence occurs witness the abuse.

Injury hospitalizations

In terms of child injury, Santa Clara County's rates of hospitalizations and deaths due to injury are low compared to other urban areas in the state. Injury hospitalizations include unintentional injuries and intentional injuries or assaults.

The 1996 injury hospitalization rates for children from birth to age four decreased from 1995, but remained higher than rates in 1994. The top five cases of unintentional injury hospitalizations for children under age five in 1996 were falls (34.3 percent), poisoning (14.7 percent), motor vehicle accidents (12.7 percent), fire and burns (8.4 percent) and drowning (4.5 percent).

WHAT DO PEOPLE SAY?

There should be more preventative care to keep children out of foster care.

A good family unit is so important to a child's security.

More working people could be foster parents if child care money was provided with the child, and parents didn't have to search and wait for child care openings.

There is a high association of domestic violence with child abuse. Also, children who witness domestic violence are very affected by it emotionally.

WHAT DO PEOPLE SAY?

How can we keep children who are in shelters or out-of-home care in school? School is sometimes their only stability.

Focus on prevention! Support families before more children are removed from their homes.

Hospitalization rates due to assault increased from 3.8 hospitalizations per 100,000 in 1994 to 9.8 hospitalizations per 100,000 in 1996. Among 1996 assault-related hospitalizations, child battering was the most common cause for those aged zero to 10.

Fatal injuries

Between 1990 and 1996, nearly 5 percent of unintentional injury deaths were among children under age 10. The three leading causes of unintentional injury deaths among children zero to 10 were motor vehicle collisions (43 percent), drowning (25 percent), and fire and burns (14 percent).

NEED #6: SAFE, CONNECTED AND HEALTHY COMMUNITY

WHAT DO FAMILIES AND CHILDREN NEED?

Children and families need a connected community that offers recreational and other supports, is free from racism and violence, and is environmentally clean.

WHY IS THIS IMPORTANT FOR CHILDREN ZERO TO FIVE?

Children are heavily influenced by both the positive and negative forces in the community in which they live. They begin to seek stimulating activities and to observe the interactions of those around them at an early age. Participating in recreational activities offers opportunities to develop interests, explore creativity and interact with children of different ages. In supportive, connected communities, children have more positive adult role models to turn to for companionship, support and guidance.

On the other hand, communities (including our media "communities") where violence, racism and other similar behaviors are prevalent can not only jeopardize the safety of children, they can have a powerfully negative influence on a child's beliefs, attitudes and self-esteem. In addition, adverse environmental factors, such as polluted air and water or toxic ground contamination, can produce health and developmental problems in children.

HOW ARE WE DOING?

The population of Santa Clara County was roughly 1.65 million in 1997, a 10.4 percent increase from 1990. Due both to immigration from other countries and high rates of Latino childbirth, Santa Clara County is also growing more ethnically diverse each year. Currently, 53 percent of the population is Caucasian, 23 percent Latino, 20 percent Asian/Pacific Islander, and approximately 4 percent African American. Significant population growth and increasing diversity present both opportunities and challenges for raising healthy, confident children.

On the one hand, a large community, rich with cultural diversity, offers children and their families opportunities to expand their awareness of other traditions. In a 1998 survey of Santa Clara County residents, 83 percent rated the county's tolerance of people of different races and diverse viewpoints high. Eighty-one percent view the community as an "excellent/very good/or good" place in which to raise a family.

Among low-income and Latino families, however, these ratings are not as favorable. In the same survey, 35 percent of low-income residents rated Santa Clara County only a fair or poor place to raise families, and 32 percent of Latinos gave a similar rating. As our community grows larger, some people feel less connected to other residents and to services. Immigrants,

WHAT DO PEOPLE SAY?

Opportunities for building relationships and support groups are essential!

Need good and cheap summer programs.

We are still experiencing institutional racism within the school and justice systems.

Children learn what they live and it determines who they become. Who do we want them to become?

Parents need to get information on how violence in the media harms their children.

How Are We Doing? Need #6: Safe, Connected & Healthy Community

WHAT DO PEOPLE SAY?

Need more parks within walking distance. Cars speeding on residential streets make it unsafe for young kids to play in front of homes.

Tolerance includes people and children with disabilities, not just race and culture.

Early experience with racism leaves marks on children.

More afterschool programs to get kids off the streets.

in particular, still struggle to establish a place in the community and to connect with supports and services. Racism and hate crimes affect our community as they do any other. Increased attention, therefore, must be paid to ensuring that all children have opportunities to see accurate and positive reflections of different cultures in their homes, their neighborhoods and their classes, as well as in the media.

In addition to positive community connections, safety is also critical to healthy child development. A majority of residents surveyed reported feeling safe in their neighborhoods. A number of families, however, still believe crime is a serious problem in the overall community. Of particular concern is the increased rate in juvenile crime. Juvenile violent arrest rates in Santa Clara County are above the national average. Much juvenile crime is related to gang involvement. Thirty-seven percent of middle school children report they have carried a weapon at some time in their young lives. Seventeen percent of high school students reported carrying a weapon in the past year. Many of these youth have younger brothers and sisters who may grow up to model this behavior or, worse, who may get caught in the crossfire today.

Environmental quality also affects the healthy growth of children. While the Bay Area's air quality has improved significantly over the last 20 years, Santa Clara County and other counties have experienced an increased number of high ozone days in three of the last four summer smog seasons. Ozone pollution has the greatest negative effect on young children, asthma sufferers and the elderly. Ground pollution from industry, lead-based paints and other sources continues to be a problem in some parts of Santa Clara County.

Tolerance ratings

Eighty-three percent of Santa Clara County residents rate the county's tolerance of people of different races or cultures as "excellent," "very good," or "good." However, low-income residents (64 percent) and Latinos (66 percent) give the county lower marks. Eighty-one percent of all residents give excellent/good ratings to the county's tolerance of different viewpoints and lifestyles.[36]

Opportunities available

When asked to rate the "opportunities available in the community to persons of similar background vs. the past," 15 percent said "many more," 32 percent reported "somewhat more," and 40 percent said "same." Only 9 percent reported "somewhat fewer" and 5 percent "far fewer."[37]

Hate crimes

Twenty-one hate crimes were reported in 1997, the same number as in the previous year.

Neighborhood safety

Fifty-two percent of Santa Clara County adults state that their sense of safety walking in their neighborhood is "excellent/very good," while 34 percent say "good" and just 15 percent view it as "fair/poor."[38]

Victims of violent crime

In Santa Clara County, 3.7 percent of all adults, and 5.5 percent of low-income adults, have been the victim of a violent crime in the past year.[39]

Juvenile felony arrests

Juvenile felony arrests increased steadily from a rate of 1,820 arrests per 100,000 youths in 1989 to 2,549 in 1995. Robbery arrests increased from 194 in 1992 to 360 in 1995. Homicide arrests increased in the latter half of the decade to seven in 1995, 13 in 1996, and nine by mid-1997.

Physical environment ratings

Eighty-six percent of Santa Clara County residents rate the physical environment as either excellent, very good or good. Just 14 percent say it is fair or poor.[40]

Health problems due to smog or environmental dust

Thirty-two percent of adults report that a household member has had health problems related to smog or environmental dust.[41]

High ozone days

The number of days that Santa Clara County air quality exceeded ozone standards increased from 10 to 15 per year in the early 1990s to more than 20 per year in 1995, 1996 and 1998.[42]

WHAT DO PEOPLE SAY?

Kids growing up afraid causes stress that impacts brain development.

Tolerance includes sexual orientation. Note high suicide rates among gay teens.

Many more children over the past 10 years are suffering from asthma, and the numbers are increasing.

Cultural sensitivity sounds great but let's just not just talk about it. Let's do something—take action!

WHAT DO PEOPLE SAY?

This cycle of not earning enough to afford child care hinders a family's chance of achieving self-sufficiency. This particularly affects single-parent families.

This area has so many issues—cost, education, salary, staff and quality. We need a National Child Care Agenda.

Keeping quality teachers is a great challenge. Salary is a major factor. It's almost considered a part-time job as opposed to a career.

NEED #7: CHILD CARE AND EARLY EDUCATION

WHAT DO CHILDREN AND FAMILIES NEED?

WHAT DO FAMILIES AND CHILDREN NEED?

Families need affordable, quality child care and early education that is culturally competent, locally available and meets the needs of parents who work not only days, but evenings, nights and weekends.

WHY IS THIS IMPORTANT FOR CHILDREN ZERO TO FIVE?

Fifty-six percent of children five years and younger live in households where either both parents or the single-parent head-of-household is in the labor force. Many infants, toddlers and preschoolers spend as many waking hours in child care as they do at home. Research shows that quality child care enhances brain development in young children. Quality preschool programs also have been proven to produce positive community results such as a significant reduction in adult criminal behavior.

HOW ARE WE DOING?

Santa Clara's supply of licensed child care increased by 66 percent from 1987 to 1997. However, demand for child care increased at an even faster rate, and vacancy rates have actually dropped to about 7 percent of capacity. Most of those vacancies are in family child care (22 percent vacancy rate) while child care centers are virtually full.[43] The unmet demand for infant care is especially high.

Child care costs, among the highest in the state, continue to plague working parents, particularly low-income families. The cost of child care has increased by more than 100 percent in the last decade. For example, full-time infant care now averages $118 per week in family care and $188 per week in center-based care.[44]

While the county has more than doubled the number of subsidized child care "slots" in 10 years to nearly 12,000, experts estimate that an additional 12,000 to 14,000 children are on the waiting list for subsidized care.[45] Demand for subsidized child care will increase significantly as CalWORKS participants move into the workforce.

Parent surveys show significant concerns over the quality of child care (particularly family day care), care for children with special needs and the availability of care at night and on weekends.

The top five concerns expressed by community members in 1998 community forums were the need for (in order): higher *quality* child care staff; solutions to address the high *cost* of child care; more *before- and after-school* child care programs; child care *staff training;* and better *salaries* for child care staff.[46]

Cost[47]

$500 per month (infants in full-time family day care)

$460 per month (preschoolers in full-time family day care)

$800 per month (infants in child care centers full-time)

$520 per month (preschoolers in child care centers full-time)

From 1995 to 1998, the average full-time weekly rate for child care centers increased 23 percent (infant), 18 percent (preschool), and 17 percent (school age).[48]

In 1998, $37,611, or 75 percent of the state median income for a family of four, was the income limit for most kinds of subsidized child care.[49]

In 1997, just 33 percent of parents at or below the poverty line enrolled their preschooler in a center or family child care home, versus 49 percent of non-poor parents.[50]

Unlicensed child care providers, often without insurance, training or adequate facilities, are making it difficult for licensed family care providers to compete against their much lower prices.

Child care supply

Demand for child care continues to exceed supply. There are 52,034 licensed child care spaces in 1,554 licensed family care facilities and 594 licensed child care centers. Since 1995, the number of child care centers has increased by 7 percent, and the total number of spaces at centers has increased by 13 percent to 39,142.[51] At the same time, the number of licensed family day care providers has decreased by 33 percent, and the total number of family day care spaces has decreased by 15 percent.[52]

Between 12,000 and 14,000 children in Santa Clara County are waiting for subsidized child care.[53]

The overall child care vacancy rate was 11 percent in March 1998, and the bulk of the vacancies were in family child care, which averaged 25 percent. Between 1995 and 1998, the vacancy rate in child care centers declined from 8 percent to 5 percent.[54]

Of the 1,555 licensed family child care providers in Santa Clara County in 1998, the vacancy rate by age group was: infant, 30 percent; preschool, 31 percent; school age, 11 percent.[55]

School class-size reductions are shrinking the amount of space available for child care programs at school sites. Zoning and other restrictions on child care facilities in residential neighborhoods are also hampering efforts to expand care.

In addition, the lack of land-use policies for child care (there is no link between land use and child care) makes it difficult to increase supply in fast-growing areas.

WHAT DO PEOPLE SAY?

Families with children who have disabilities need skilled child care at a reasonable cost. There's a need to develop these services in this county.

Don't forget early intervention and education, especially for special needs infants, toddlers and preschool-aged children.

There is a severe shortage of child care slots for children with behavioral problems. Many are kicked out of programs and then parents lose their jobs. Special services are needed.

How Are We Doing? Need #7: Child Care & Early Education

WHAT DO PEOPLE SAY?

Perhaps there is a shortage in day care, but part of the problem is providers with openings and parents with needs are not always linked up.

We need quality environments that focus on child development, not just "baby sitting."

Children are taking care of other children because there's no swing, graveyard or summer care.

It's very hard for licensed, quality care to compete with inexpensive, unlicensed providers.

We need more affordable child care for two-parent families who are low-income but are paid too high to get subsidies.

Geographic availability

Vacancy rates are not consistent across Santa Clara County or in age groups. In 1998, zero percent vacancy rates for center-based infant care existed in 33 zip codes; 14 zip codes have zero percent vacancy rates for preschoolers; 22 zip codes have zero percent vacancy rates for school-aged children.[56]

Staff salaries

The average child care worker in Santa Clara County makes $9.57 per hour or $19,140 annually. Low unemployment rates, increased demand for school teachers and other factors are making it difficult to retain child care staff at the current low salaries. Staff turnover is a key indicator of quality.

Culturally appropriate child care

Fifty-five percent of centers provide non-English-speaking staff, while 41 percent of family care home provide non-English-speaking staff.[57]

Special needs/special schedule child care

Obtaining quality child care services for children with special needs is very difficult.[58] There is considerable concern over staff not being adequately trained to understand and support special needs children.

While many entry-level jobs include evening, night or weekend hours and CalWORKS will require thousands of Santa Clara County individuals to take entry-level jobs over the next few years, just 2 percent of centers and 45 percent of family care facilities offer evening, weekend or overnight care.[59]

While many young children get colds and other minor illnesses relatively often, just six child care centers surveyed in 1998 reported that they accepted sick children.[60]

Of 1,275 requests for a special child care schedule in 1998, 55 percent requested drop-in care, and 28 percent requested extended-hour care past 7 p.m.[61]

NEED #8: HEALTH

WHAT DO FAMILIES AND CHILDREN NEED?

Families need an affordable, community-based, client-centered system of flexible, interrelated services that can be easily understood and navigated.

They need regular preventive medical, mental health and dental care, early detection of health problems and prompt treatment of conditions and diseases.

Caregivers also need information and education about healthy behaviors such as proper nutrition, exercise, stress management, and alcohol and tobacco abstention.

WHY IS THIS IMPORTANT TO CHILDREN ZERO TO FIVE?

Health issues dominate all others. Preventive care and early detection of diseases and conditions are both critical to the health of young children. If children do not obtain care and services that they need in a timely manner, serious long-term health and developmental problems can result. Systemic approaches are necessary to create access to health care, promote awareness about health risks and result in positive behavior change that contributes to the health of the child, the family and the community.

HOW ARE WE DOING?

While most Santa Clara County residents view access to health care as good, 43 percent of those without health insurance and 23 percent of low-income residents rate their access as "fair" or "poor."[62]

Santa Clara County is making steady progress towards child/maternal health objectives for 2000 and 2010 for prenatal care, infant mortality, immunizations, adolescent births and breastfeeding. In some cases, the county has already surpassed the national Year 2000 or Year 2010 objectives.

Low-income families in Santa Clara County continue to have significant problems accessing health care. Twenty-eight percent of low-income Santa Clara County adults report that the cost of health care has prevented them from seeing a doctor in the last year. Other top barriers are inconvenient office hours (23 percent), difficulty in getting an appointment (20 percent), lack of transportation (15 percent) and language/cultural differences (11 percent).[63]

Despite improvements in health insurance and services in recent years, CalWORKS participants in Santa Clara County rate medical and dental care for their families as their top needs.[64]

Insurance, Medi-Cal and Healthy Families

At least 30,000 Santa Clara County children and youth are not covered by health insurance.[65] (Statewide, 90 percent of uninsured children have at least one working parent.[66])

While most children living below the federal poverty line qualify for Medi-Cal insurance, Santa Clara

WHAT DO PEOPLE SAY?

Early assessment of children with special needs is needed.

Prevention is so crucial! Prenatal drug and alcohol exposure is a huge problem that is preventable.

Research shows that even when access is controlled, there are still health discrepancies based on gender. Maybe issues such as self-efficiency and empowerment might be addressed.

Parents experience way too long of a wait in getting children referred to a specialist.

How Are We Doing? Need #8: Health

WHAT DO PEOPLE SAY?

We have long waits in the doctors' offices. Makes kids miss school, makes getting a ride more difficult.

Infant mortality rates for children of color are too high—we need more services and education.

Difficulty connecting kids with specialists—eligibility barriers, plan barriers, transportation barriers.

Making and getting appointments takes too long, so people give up trying to see a health provider.

County ranks below the state average for pediatricians and family practice doctors who accept Medi-Cal.[67]

An estimated 9,000 to 14,000 uninsured children in Santa Clara County are eligible for California's new Healthy Families low-cost insurance program, but most have not been enrolled.[68]

Preventable child hospitalizations

In 1995, an estimated 25 percent of hospitalizations of Santa Clara County children were probably preventable and might have been avoided by proper primary care and clinical preventive services. Three-quarters of the preventable hospitalizations were for children under age five.[69]

Prenatal care

The percentage of Santa Clara County women with late or no prenatal care has declined from 22 percent to 16 percent in the last eight years. Teenaged mothers (36 percent), Native Americans (30 percent), Latinos (22 percent) and African-Americans (21 percent) have the highest rates. The national objective for 2000 and 2010 is 10 percent.[71]

Low birth weights

The percentages of low and very low birth-weight births in Santa Clara County have remained between 5 percent and 6 percent and at about 1 percent, respectively, in the last eight years. African-Americans (10 percent/2.7 percent), Native Americans (8.7 percent/1.7 percent) and teenagers (7 percent/1.5 percent) have the highest rates.[72] The national objective for low birth weight in 2000 and 2010 is 5 percent; for very low birth weight it is 1 percent.[73]

Percentage of preterm births

The percentage of preterm births in Santa Clara County has fluctuated between 8 percent and 10 percent in the last three years. Native Americans (13 percent) have the highest rate.[74] The national objective for preterm births in 2000 is 7.6 percent.[75]

Adolescent births

The birth rate for Santa Clara County 15- to 17-year-olds has declined slightly in the last three years to 28 per 1,000 population. Native Americans (132) and Latinos (64) have the highest rates.[76] Nine percent of Latino female high school students report being pregnant compared to 8 percent of African-Americans, and 3 percent of both white and Asian females.[77] The national objective for adolescent births is 45 per 1000 births.[78]

Alcohol and drug-exposed births

In the most recent study in Santa Clara County (1992), 12 percent of mothers under 18 tested positive for alcohol or drugs at the time of birth.

Breastfeeding

The number of Santa Clara County mothers breastfeeding postpartum (at hospital discharge) has increased in the last 10 years. Fifty-two percent exclusively breastfeed (up from 42 percent) and 84 percent use a combination of breastfeeding and formula (up from 66 percent).[79] The national objective for breastfeeding in 2000 and 2010 is 75 percent.[80]

Infant mortality

Infant mortality rates (under one year) in Santa Clara County have declined from 7.5 deaths per 1,000 births in 1989 to 5.3 in 1997.[81] African-Americans (17.5 percent) have the highest rate, compared to Latinos (7.1 percent), whites (4.3 percent) and Asian/Pacific Islanders (2.5 percent).[82] The national objective for infant mortality in 2010 is five deaths per 1,000 births.[83]

Oral health

Lack of dental care is a serious issue for many children, particularly those without medical and dental insurance.

CalWORKS participants, in a 1998 survey of their overall needs, rated dental care for children as their fourth most significant need, ahead of many issues.

The national Healthy People 2000 project has set the following objectives for oral health for children.

2010 Objective	
Percent of children 2–4 with one or more dental caries	15%
Percent of children 2–4 with untreated cavities	12%

Immunizations

In 1996, 81 percent of two-year-olds in Santa Clara County were fully immunized, ranking the county second in the nation for on-time immunization rates.[84] However, disparities exist within the county. Significantly fewer Southeast Asian and Latino kindergartners were up-to-date with immunizations compared to whites and African-Americans.[85] The Santa Clara County objective for immunizations in 2010 is 95 percent.[86]

Childhood mental disorders and care

Nationwide, one in five children has an emotional or behavioral disorder, but only 4 percent were seen by a mental health provider.[87]

Chlamydia

The chlamydia rate has recently dropped among Santa Clara County women 15 to 44 years old to 338 per 100,000; for 15- to 19-year-old women the rate is still more than 1,600 per 100,000.

WHAT DO PEOPLE SAY?

There's a need for dental care for young children. It's a big problem. They need quality dental care, not just someone who takes Medi-Cal.

Young women are not seeking prenatal care. You get grilled. There's a lack of respect for young mothers, so they don't go.

Put more health care services in schools so that kids can get there easily and relieve long wait times by de-centralizing.

Clinic hours, days need to be extended to evenings and weekends so working parents can get help without missing work.

How Are We Doing? Need #9: Parent & Family Information

WHAT DO PEOPLE SAY?

We need respite care for parents with special needs children and for foster parents.

More cooperation needed between different programs serving the same populations or groups.

Pass out kits that go home from the hospital with parents that have info on classes, child development tips and support groups.

Get men more involved in parenting.

We must support parents experiencing the stress of domestic violence. They need to understand how domestic violence has impacted their parenting and how it has impacted their children.

All parents want their children to do well.

NEED #9: PARENT AND FAMILY INFORMATION, EDUCATION AND SUPPORT

WHAT DO FAMILIES AND CHILDREN NEED?

Parents, foster parents, grandparents and other guardians and caregivers must be knowledgeable and confident in their parenting skills.

Families—including all manner of caregivers—must have readily available moral and physical support from relatives, friends, neighbors, employers, faith communities, community agencies and other entities. Peer support is critical in providing parents with information and assistance they will use. Support needs to be local—i.e., small-scale and neighborhood-based where possible.

Parenting must be valued by the community.

Families must be not only aware of and have access to full information about available services, but they must live in a community that provides proactive public outreach and education about healthy lifestyles.

Parents must be valued and included in policy-making about key child development issues. Parents must have the ability to express the needs of their families and have those needs considered and included in the policy-making of local, state and federal governments; religious organizations; corporations; and nonprofits.

WHY IS THIS IMPORTANT FOR CHILDREN ZERO TO FIVE?

Lack of education, confidence and nearby support for parents can have many negative effects on children: mental and physical health risks and poor preparation for schooling, among other problems.

Parents, foster parents, grandparents and other guardians and caregivers are responsible for raising and nurturing the community leaders, employees, voters, teachers, parents and healthy adults of the future. The lack of value in society for these vital caregivers may seriously erode the future of our neighborhoods, cities, states and country.

Parenting can be valued by the community in a variety of ways, such as corporations that allow flextime for parents who must operate within child care constraints, provide worksite child care, allow telecommuting, or sponsor on-site parent education classes—all policies designed to give parents and caregivers the flexibility as well as the enrichment that they need to do the best job possible raising their children. Hospitals, health-maintenance organizations and other health-care professionals can support caregivers by incorporating parenting education and information into not only birthing classes, but post-birth health care activities throughout the life of a child.

While a wide variety of services for families and children is available in Santa Clara County, these services are of limited value if families are not aware of them. Community-based organizations can make an effort to ensure their literature is linguistically and physically accessible to a wide variety of caregivers, including non-English speakers as well as parents and other caregivers who may not necessarily use CBO services.

Omitting parents and other guardians from the development of child-related public policies makes it less likely the policies will reflect real-life challenges faced by today's families.

HOW ARE WE DOING?

It is difficult to gauge exactly how we are doing in ensuring that information, education and support reaches parents and guardians, largely because these needs do not lend themselves to statistical measurement. From listening to parents, we find a strong desire for greater parenting support and education in the community. In addition, we must develop improved methods for evaluating parent knowledge about services, parent confidence, parenting skills and parent networking to more accurately target outreach, information and education activities.

Outreach activities

Recent efforts to increase outreach activities in various communities are helping, but more must be done to provide comprehensive information on child care availability, health care services and other key topics at the local community level. Outreach activities must be culturally and linguistically sensitive.

Parenting assistance

Twenty-two percent of Santa Clara County parents report that they would like parenting assistance. (It can be assumed that additional parents would like the assistance if it was offered.) The leading types of assistance requested include: parenting skills/modeling (45 percent), education (24 percent) and counseling (9 percent).

Moral or physical support

Twelve percent of Santa Clara County residents report that they have had someone to turn to "none" or "little" of the time when need or want help. This is particularly true of low-income individuals (36 percent), Latinos (25 percent) and those with a high school education or less (21 percent).[88]

Cultural sensitivity

As Santa Clara County becomes more diverse, immigrant communities need more specialized outreach and services to support parenting and child development.

WHAT DO PEOPLE SAY?

In-home visitation programs are needed to help parents and children.

Parents need to know how to screen day-care providers.

Centralized resource directory that will show all community services and programs.

We need to empower and value families.

Don't call them parenting classes. Let parents talk to parents.

Take parenting information to parents at job sites, schools and churches.

Parents need to know that they are not alone, to know support is there.

We need to be respectful of different cultures' approaches to parenting.

Please, we need more programs like parent support groups in Spanish.

Notes

[1] *Community Assessment—Health and Quality of Life in Santa Clara County.* Community Benefits Coalition, Hospital Council of Northern and Central California, March 1999, 55.

[2] County Executives Office, 1999.

[3] California Dept. of Health Services, Letter 99-15, April 1999.

[4] Santa Clara County Social Services Agency, Quarterly Report, April 1999.

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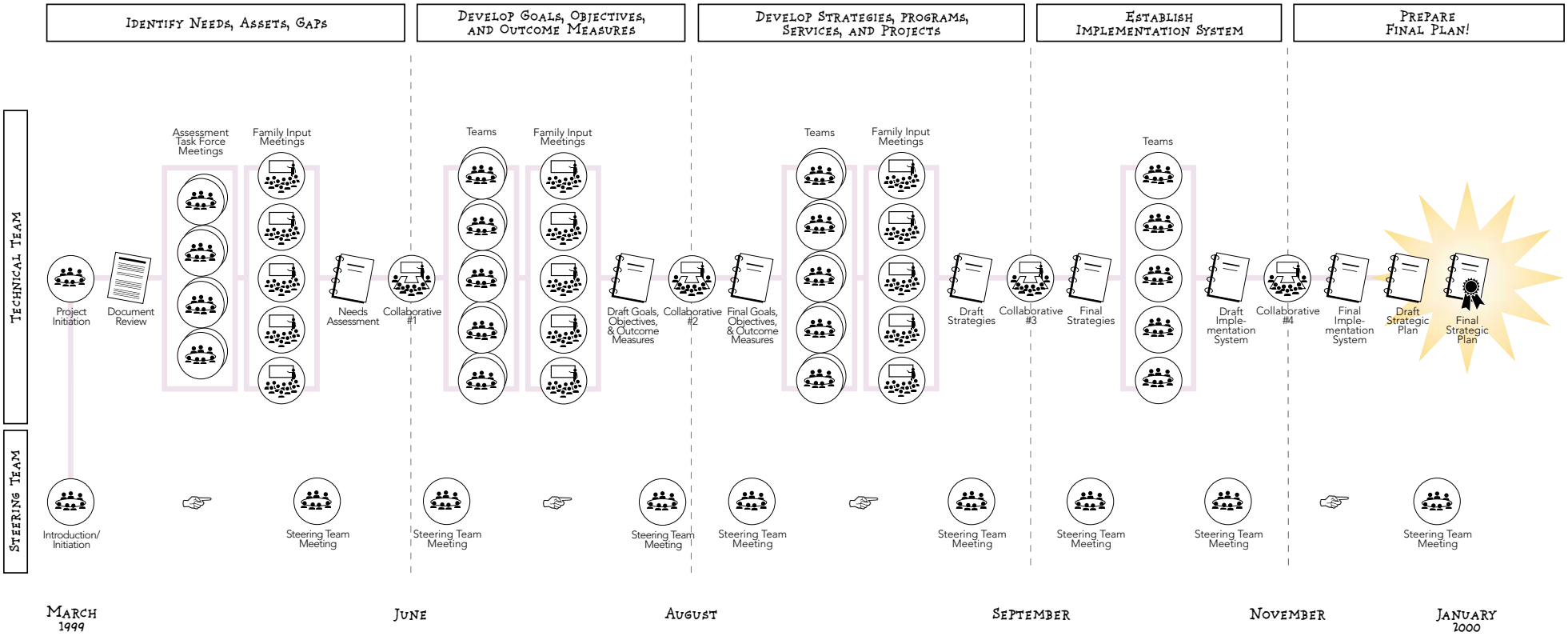
Strategic Planning Process Appendix A



Appendix B Developmental Assets

40 DEVELOPMENT ASSETS FOR INFANTS, TODDLERS AND PRESCHOOLERS

"Asset Development" is a framework for building healthy children, designed by the Search Institute of Minneapolis. Through research, Search identified 40 developmental assets, or building blocks, that can enhance the healthy development of children. Knowledge of the influence these particular assets have in a child's life will guide the Collaborative in developing effective strategies and funding priorities. For more information, see *Starting Out Right: Developmental Assets for Children* (published by Search Institute in 1997).

EXTERNAL ASSETS

Support

1. Family support
2. Positive family communication
3. Other adult resources (support for parent/child)
4. Caring neighborhood
5. Caring out-of-home climate
6. Parent involvement in out-of-home situations

Empowerment

7. Children valued
8. Child has role in family life/given useful roles
9. Service to others
10. Safety

Boundaries and Expectations

11. Family boundaries
12. Out-of-home boundaries
13. Neighborhood boundaries
14. Adult role models
15. Positive peer observation/interactions
16. Expectations for growth

Constructive Use of Time

17. Creative activities
18. Out-of-home activities
19. Religious community
20. Positive, supervised time at home

INTERNAL ASSETS

Commitment to Learning

21. Achievement expectation
22. Engagement expectation
23. Stimulating activity
24. Enjoyment of learning
25. Reading for pleasure

Positive Values

26. Family values caring
27. Family values equality and social justice
28. Family values integrity
29. Family values honesty
30. Family values responsibility
31. Family values a healthy lifestyle and sexual attitudes

Social Competencies

32. Planning and decision-making observation
33. Interpersonal observation
34. Cultural observation
35. Resistance observation/practice
36. Peaceful conflict resolution observation/practice

Positive Identity

37. Family has personal power
38. Family models high self-esteem
39. Family has a sense of purpose
40. Family has positive view of the future

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